# **Online Supplementary Material**

# Does infection with *chlamydia trachomatis* induce long-lasting partial immunity?: Insights from mathematical modelling

Ryosuke Omori<sup>1,2,3</sup>, Hiam Chemaitelly<sup>3</sup>, Christian L. Althaus<sup>4</sup>, and Laith J. Abu-Raddad<sup>3,5,6</sup>

<sup>1</sup>Division of Bioinformatics, Research Center for Zoonosis Control, Hokkaido University, Sapporo, Hokkaido, Japan

<sup>2</sup>JST, PRESTO, 4-1-8 Honcho, Kawaguchi, Saitama, 332-0012, Japan

<sup>3</sup>Infectious Disease Epidemiology Group, Weill Cornell Medicine-Qatar, Cornell University, Qatar Foundation - Education City, Doha, Qatar

<sup>4</sup>Institute of Social and Preventive Medicine, University of Bern, Bern, 3012, Switzerland

<sup>5</sup>Department of Healthcare Policy and Research, Weill Cornell Medicine, Cornell University, New York, New York, USA

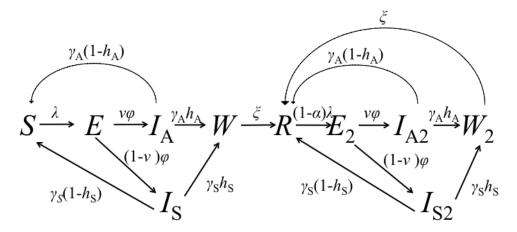
<sup>6</sup>College of Health and Life Sciences, Hamad bin Khalifa University, Doha, Qatar

**Reprints or correspondence:** Ryosuke Omori, PhD, Division of Bioinformatics, Research Center for Zoonosis Control, Hokkaido University, Sapporo, 001-0020, Japan. Phone number: +(81) 11-706-9488. E-mail: omori@czc.hokudai.ac.jp

# Model structure and description

We constructed a deterministic compartmental mathematical model to explore the role of long-lasting partial immunity in the epidemiology of *Chlamydia trachomatis* (*C. trachomatis*) infection. Figure S1 provides a schematic diagram of the model.

**Figure S1** Schematic diagram of the mathematical model describing *Chlamydia trachomatis* natural history and its transmission dynamics in a population.



The model stratifies the population according to *C. trachomatis* infection status, immune status, age and sexual risk behaviour, and is described by the following set of differential equations:

$$\begin{split} &\frac{dS_{x,y}}{dt} = -\lambda_{x,y}S_{x,y} + \gamma_{A}(1-h_{A})I_{A_{x,y}} + \gamma_{S}(1-h_{S})I_{S_{x,y}} + f_{S_{x,y}}, \\ &\frac{dE_{x,y}}{dt} = \lambda_{x,y}S_{x,y} - (\varphi + \mu)E_{x,y} + f_{E_{x,y}}, \\ &\frac{dI_{A_{x,y}}}{dt} = v\varphi E_{x,y} - (\gamma_{A} + \mu)I_{A_{x,y}} + f_{I_{A_{x,y}}}, \\ &\frac{dI_{S_{x,y}}}{dt} = (1-v)\varphi E_{x,y} - (\gamma_{S} + \mu)I_{S_{x,y}} + f_{I_{S_{x,y}}}, \\ &\frac{dW_{x,y}}{dt} = \gamma_{A}h_{A}I_{A_{x,y}} + \gamma_{S}h_{S}I_{S_{x,y}} - (\xi + \mu)W_{x,y} + f_{W_{x,y}}, \\ &\frac{dR_{x,y}}{dt} = \xi(W_{x,y} + W_{2_{x,y}}) - \left[ (1-\alpha)\lambda_{x,y} + \mu \right]R_{x,y} + \gamma_{A}(1-h_{A})I_{A2_{x,y}} + \gamma_{S}(1-h_{S})I_{S2_{x,y}} + f_{R_{x,y}}, \\ &\frac{dE_{2_{x,y}}}{dt} = (1-\alpha)\lambda_{x,y}R_{x,y} - (\varphi + \mu)E_{2_{x,y}} + f_{E2_{x,y}}, \\ &\frac{dI_{A2_{x,y}}}{dt} = v\varphi E_{2_{x,y}} - (\gamma_{A} + \mu)I_{A2_{x,y}} + f_{I_{A2_{x,y}}}, \\ &\frac{dI_{S2_{x,y}}}{dt} = (1-v)\varphi E_{2_{x,y}} - (\gamma_{S} + \mu)I_{S2_{x,y}} + f_{I_{S2_{x,y}}}, \\ &\frac{dW_{2_{x,y}}}{dt} = \gamma_{A}h_{A}I_{A2_{x,y}} + \gamma_{S}h_{S}I_{S2_{x,y}} - (\xi + \mu)W_{2_{x,y}} + f_{W2_{x,y}}. \end{split}$$

Here, S denotes the fully susceptible population, E denotes the infected but not yet infectious population (latently infected but not yet infectious),  $I_A$  denotes the asymptomatic C. trachomatis infected population,  $I_S$  denotes the symptomatic C. trachomatis infected population who is protected by temporary immunity, R denotes the recovered population protected by long-lasting partial immunity,  $E_2$  denotes the re-infected population that is not yet infectious (latently reinfected but not yet infectious),  $I_{A2}$  denotes the asymptomatic C. trachomatis reinfected population,  $I_{S2}$  denotes the symptomatic C. trachomatis reinfected population, and  $W_2$  denotes the recovered population who is protected by

temporary immunity following the clearance of reinfection. We assume that individuals in the temporary immunity stages W and  $W_2$  cannot be reinfected.

The model parameters include:

- $\lambda$ , describing the force of infection. The model calculates  $\lambda$  using the partnership acquisition rate, *C. trachomatis* transmission probability per coital act, *C. trachomatis* prevalence in the population and the patterns of sexual mixing. Further details can be found in the 'Details on model parameterization' section below.
- $\frac{1}{\varphi}$ , describing the latency period where the individual is infected but not yet infectious.
- v, describing the fraction of infections that become asymptomatic among all C.
   trachomatis infections.
- $\bullet \quad \frac{1}{\gamma_A} \ \ {\rm and} \ \frac{1}{\gamma_S}$  , describing the infectious periods for the asymptomatic and symptomatic
  - C. trachomatis infections, respectively.
- $h_A$  and  $h_s$ , describing the fractions of those recovered from infection that develop immunity against reinfection following asymptomatic and symptomatic C. trachomatis infections, respectively.
- $\frac{1}{\xi}$ , describing the duration of temporary immunity.
- $\alpha$ , describing the fractional reduction in susceptibility to reinfection (long-lasting partial immunity to reinfection) induced following clearance of *C. trachomatis* infection and passing through the temporary immunity stage, if any. We also examined, through sensitivity analyses, other immune response mechanisms that could potentially be

induced following clearance of *C. trachomatis* infection including reduction in infectious-period duration and reduction in infectiousness. These are described in detail in the 'Sensitivity analyses with respect to alternative immune response mechanisms' section below.

•  $f_{status}$  terms, describing demographic population flow into each population compartment. Further details related to the parameterization of these  $f_{status}$  terms can be found in the 'Model parameterization' section below.

Similar to other sexually transmitted infections, *C. trachomatis* infection transmission is driven by the sexual contact network in the population. We assumed that the sexual activity lifespan starts at age 15 and lasts up to age 74, but the intensity of sexual activity varies by age. We divided the population into 20 age groups of 5-year age bands. For each age group, individuals were distributed over six sexual risk groups describing a hierarchy of sexual risk behaviour varying from low to high levels.

In our model, the subscript indices 'x' and 'y' denote the individual's age group and sexual risk group assignment, respectively.

# **Model parameterization**

a) Demography of population flow

The demography of population flow is described by the parameter  $f_{status}$  which is given by:

$$f_{status_{x,y}} = \begin{cases} \sum_{j} \mu_{j} N_{j,y} - \mu_{l} S_{l,y} - \eta S_{l,y} & \text{for susceptible first age group } S_{l,y} \\ 0 & \text{for non-susceptible first age group } z_{l,y} \\ -\mu_{x} z_{x,y} + \eta (z_{x-l,y} - z_{x,y}) & \text{for age group } 2-19 z_{x,y} \\ -\mu_{20} z_{20,y} + \eta z_{19,y} & \text{for age group } 20 z_{20,y} \end{cases}$$
 (S2)

Here, Z stands for any subpopulation compartment in this population. Meanwhile,  $\mu_j$  denotes the natural mortality rate for the j-th age group,  $N_{j,y}$  denotes the population size of the j-th age group and the y-th risk group, and  $\eta$  denotes the rate of ageing from one age bracket to the next. We assumed that mortality rate varies with age, with infants (aged 0-4 years; that is x =1) and older adults (aged 70+ years; that is x = 16-20) having higher mortality rates than the rest of the population. For simplicity, we assumed a stable population where total mortality

$$\sum_{j} \mu_{j} N_{j,y}$$

is equal to total births. We also assumed full susceptibility to *C. trachomatis* at birth. The values for these model parameters are shown in Table S1.

#### b) Sexual risk behaviour

#### 1. Distribution of sexual risk groups in the population

The distribution of the population across sexual risk groups is informed by data for the number of sexual partners during the last 12 months as reported in the United Kingdom (UK) National Survey of Sexual Attitudes and Lifestyles (NATSAL 2000).<sup>12</sup>

#### 2. The effective sexual partnership acquisition rate

The risk of *C. trachomatis* infection in the population is dependent on the individual's sexual contact network. The parameter  $\rho_{x,y}$  describes the *effective* sexual partnership acquisition rate for an individual in the *x*-th age group and *y*-th risk group. This measure is representative of the number of new sexual partners that an individual in a specific age group and a specific risk group would acquire taking into account other factors that may increase the risk of infection such as level of concurrency and clustering within the sexual network.<sup>3-6</sup>

The distribution of  $\rho_{x,y}$  was assumed to follow a power law function.<sup>7</sup> This function is motivated by the topology and clustering observed in empirical sexual contact networks and analyses of complex networks.<sup>7-12</sup> The mathematical expression describing the distribution of  $\rho_{x,y}$  is given by

$$\rho_{x,y} = Cl_x y^{\sigma}. \tag{S5}$$

Here,  $l_x$  is the mean rate of sexual partners for individuals in age group 'x'. In this expression,  $\sigma$  is the exponent parameter that determines the level of variability in the effective partnership acquisition rate across the y risk groups, and C is a constant determined by the average effective acquisition of sexual partners for individuals in the x-th age group and the y-th risk group.

We parameterized  $l_x$  using the age-dependent mean acquisition rate of sexual partners obtained from analysing the UK NATSAL data as described by *Choi et al.* (2010). C was determined through fitting the model to the age-specific *C. trachomatis* prevalence observed in UK empirical studies. Pecifically, *C* was calculated by fitting a *C. trachomatis* prevalence of 3% among those aged 15-29 years. The values for these parameters can be found in Table S1. Since we

assumed a 15-74 year sexual activity life span,  $\rho_{x,y} = 0$  for age groups 0-4, 5-9, 10-14, 75-80, 85-89, 90-94 and 95+.

# 3. Sexual mixing

The pattern of sexual mixing between individuals is determined by two mixing matrices describing the likelihood of a sexual partnership to be formed between two individuals belonging to different age groups (mixing matrix G) and to different risk groups (mixing matrix H), respectively. The mathematical expressions defining these mixing matrices are given by

$$G_{x,j} = e_{G} \delta_{x,j} + (1 - e_{G}) \frac{\sum_{k} \rho_{j,k} N_{j,k}}{\sum_{j} \sum_{k} \rho_{j,k} N_{j,k}}$$

$$\sum_{j} \rho_{j,k} N_{j,k}$$

$$M_{y,k} = e_{H} \delta_{y,k} + (1 - e_{H}) \frac{\sum_{j} \rho_{j,k} N_{j,k}}{\sum_{j} \sum_{k} \rho_{j,k} N_{j,k}}$$
(S6)

Here,  $\delta_{i,j}$  is an element of the identity matrix, and  $e_G$  and  $e_H$  describe the degree of assortativity (assortativity coefficient) in the mixing between age and sexual risk subgroups, respectively. Assuming an extreme scenario where  $e_G = 0$  and  $e_H = 0$  results in a proportionate mixing where an individual's choice of a sexual partner is independent of the age or risk group of that partner. On the other hand, when  $e_G = 1$  and  $e_H = 1$ , the mixing is fully assortative that is the sexual partner is always selected from the individual's own age group and sexual risk group. § 15 The values for the parameters described in these equations can be found in Table S1.

# 4. The force of infection

The force of infection ( $\lambda$ ) is given by:

$$\lambda_{x,y} = \rho_{x,y} \sum_{j=1}^{20} \sum_{k=1}^{10} G_{x,j} H_{y,k} \left( \frac{\rho_{j,k} q_{I_{A_{x,y}}} \left( I_{A_{j,k}} + I_{A2_{j,k}} \right) + \rho_{j,k} q_{I_{S_{x,y}}} \left( I_{S_{j,k}} + I_{S2_{j,k}} \right)}{\rho_{j,k} N_{j,k}} \right). \tag{S7}$$

Here, q describes C. trachomatis transmission probability per partnership between an asymptomatic ( $I_{A_{x,y}}$ ) or a symptomatic ( $I_{S_{x,y}}$ ) C. trachomatis infected individual and a susceptible individual in the population:

$$q_{I_{A_{x,y}}} = 1 - (1 - p)^{m_{I_{A}}} x, y^{\tau},$$

$$q_{I_{S_{x,y}}} = 1 - (1 - p)^{m_{I_{S}}} x, y^{\tau}.$$
(S8)

In these expressions, p denotes the C. trachomatis transmission probability per coital act,  $m_{I_A}$  and  $m_{I_S}$  denote the coefficients describing the relative variability in the frequency of coital acts between asymptomatic and symptomatic cases, respectively, with respect to uninfected individuals,  $n_{x,y}$  describes the frequency of coital acts for uninfected individuals in the x-th age group and y-th sexual risk group per unit time, and  $\tau$  describes the partnership duration. The values for these model parameters can be found in Tables S1 and S2.

We parameterized the age-specific distribution of the frequency of coital acts in the population using empirical data, which suggested an approximately negative linear correlation between age and the frequency of coital acts per week (Table S2).<sup>16</sup>

# Sensitivity analyses with respect to alternative immune response mechanisms

In this study, we assessed the epidemiological impact of susceptibility-reduction long-lasting partial immunity against *C. trachomatis* reinfection as described above. We have also, through sensitivity analyses, assessed the impact of two other alternative mechanisms of partial immunity

against *C. trachomatis* reinfection: 1) reduction in the duration of infection for those reinfected with *C. trachomatis*, and 2) reduction in infectiousness for those reinfected with *C. trachomatis*. The reduction in infectious period immunity effect was examined by reducing the infectious period for those reinfected with *C. trachomatis* through the expressions:

$$\frac{1}{\gamma_A} \to \frac{1-\alpha}{\gamma_A}$$
 (among those asymptomatically infected)

and

$$\frac{1}{\gamma_S} \to \frac{1-\alpha}{\gamma_S}$$
 (among those symptomatically infected).

Here,  $\alpha$ , the immunity effect parameter, describes the fractional reduction in infectious period among those reinfected with C. trachomatis.

Meanwhile, the reduction in infectiousness immunity effect was examined by altering the force of infection ( $\lambda$ ) using the expression:

$$I_{x,y} = I_{x,y} \sum_{j=1}^{20} \sum_{k=1}^{6} \mathbf{G}_{x,j} \mathbf{H}_{y,k} \left( \frac{q_{I_{A_{x,y}}} \left( I_{A_{j,k}} + (1-\partial) I_{A2_{j,k}} \right) + q_{I_{S_{x,y}}} \left( I_{S_{j,k}} + (1-\partial) I_{S2_{j,k}} \right)}{N_{j,k}} \right).$$

where  $\alpha$  , the immunity effect parameter, describes here the fractional reduction in infectiousness of those reinfected with  $\it C. trachomatis.$ 

 Table S1 Description and values of model parameters.

Symbol	Description	Value	References
1/	Duration of the non-infectious latent	14	Based on previously published
$/\varphi$	infection	days	models along with their
			parametrization. <sup>2</sup> 17-22 This baseline
			value is the median value of the
			range that was used in previous
		<b>62.5</b> 0/	modelling studies
$\nu$	Fraction of infections that become	62.5%	Based on previously published
	asymptomatic among all <i>Chlamydia</i>		models along with their
	trachomatis infections		parametrization. <sup>2</sup> 17-22 This baseline value is the median value of the
			range that was used in previous
			modelling studies
1/	Infectious period for an asymptomatic	300	Based on previously published
$\frac{1}{\gamma}_{A}$	infection	days	models along with their
/ ' A	meeton	auys	parametrization <sup>2</sup> 17-22 This baseline
			value is the median value of the
			range that was used in previous
			modelling studies
1/	Infectious period for a symptomatic	35	Based on previously published
$\gamma_{S}$	infection	days	models along with their
. ~			parametrization <sup>2</sup> 17-22 This baseline
			value is the median value of the
			range that was used in previous
			modelling studies
$\frac{1}{\xi}$	Duration of the temporary full immunity	90	An assumption based on the
15		days	Althaus et al. model
			parametrization <sup>17</sup>
$\mu$	Age-specific mortality rates	0.04	
	0-4 years old (age group 1)	0.04	Parameterized to generate the
	5-69 years old (age group 2-14)	0.0026	observed survival curve and life
	70+ years old (age group 15-20)	0.0998	expectancy of the current United
			Kingdom and United States
			populations, as provided by the
			database of the Population Division of the United Nations Department
			of Economic and Social Affairs. <sup>23</sup>
$\eta$	Rate of ageing	1/5	5 year age bands
$\sigma$	Power law exponent for the variability in the	3	Model fitting (UK data fit)
J	effective sexual partnership acquisition rate	4	Model fitting (US data fit)
	across sexual risk groups	•	Co umm III)
$e_{G}$	Assortativity coefficient for age group	0.7	24
- G	mixing		
$e_{H}$	Assortativity coefficient for sexual risk	0.3	3
.,	group mixing		
p	Chlamydia trachomatis transmission	0.0375	2 22
	probability per coital act		
au	Partnership duration	6	Reasonable value of no
		months	consequence on the model results

$h_A$	Fraction of those asymptomatically infected who develops protective immunity against reinfection	1	17
$h_S$	Fraction of those symptomatically infected who develops protective immunity against reinfection	0	17
$m_{I_A}$	Relative frequency of coital acts among asymptomatically <i>Chlamydia trachomatis</i> infected persons with respect to uninfected individuals (baseline)	1	Reasonable value given lack of symptoms
$m_{I_S}$	Relative frequency of coital acts among symptomatically <i>Chlamydia trachomatis</i> infected persons with respect to uninfected individuals (baseline)	0.645	Reasonable value informed by coital data among HIV-infected persons <sup>25</sup>

Table S2 Age-specific coital frequency and sexual partnership acquisition rate in the population.

Age groups	Description	Frequency of coital acts per week $(n_{x,y})^{16}$	Mean sexual partnership acquisition rate per year $(l_x)^{13}$		
1-3	0-14 years	0.00	0.000		
4	15-19 years	3.90	0.850		
5	20-24 years	3.50	1.200		
6	25-29 years	3.20	0.610		
7	30-34 years	2.90	0.330		
8	35-39 years	2.50	0.250		
9	40-44 years	2.20	0.190		
10	45-49 years	1.90	0.140		
11	50-54 years	1.50	0.095		
12	55-59 years	1.20	0.065		
13	60-64 years	0.87	0.045		
14	65-69 years	0.53	0.033		
15	70-74 years	0.20	0.025		
16-20	75+ years	0.00	0.000		

**Table S3** Model fit of *Chlamydia trachomatis* prevalence by age group for the United Kingdom data.

Age group (years)	15-19	20-24	25-29	30+
Prevalence of <i>Chlamydia trachomatis</i> (%)				
Empirical data <sup>14</sup>	4.8	3.2	1.5	0.8
Model prediction	4.3	3.3	1.1	0.4

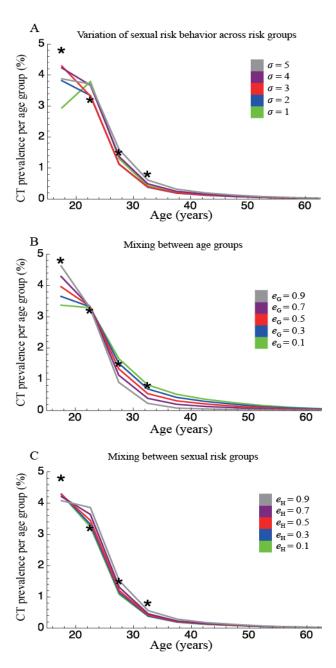
**Table S4** Model fit of *Chlamydia trachomatis* prevalence by sexual risk group for the United Kingdom data.

Sexual risk group		2	3	4	5	6
Prevalence of <i>Chlamydia trachomatis</i> (%)						
Empirical data <sup>2</sup>	0.3	1.1	2.6	7.8	4.8	6.0
Model prediction	0.2	1.2	2.6	3.7	4.8	6.6

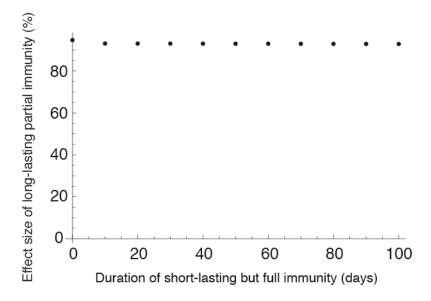
**Table S5** Model fit of *Chlamydia trachomatis* prevalence by age group for the United States data.

Age group (years)	15-19	20-24	25-29	30-34	35-39	40-44
Prevalence of <i>Chlamydia trachomatis</i> (%)						
Empirical data <sup>26</sup>	2.1	2.5	1.0	0.5	0.2	0.1
Model prediction	2.1	2.5	1.0	0.4	0.2	0.1

**Figure S2** Sensitivity analyses of the impact of variations in sexual-risk-behaviour structure on the model-predicted age-specific *Chlamydia trachomatis* (CT) prevalence in the United Kingdom. Sensitivity analyses with respect to A) variation in the distribution of sexual risk behaviour across the different risk groups (parametrized by  $\sigma$  and discussed in the "Model parameterization" section above), B) variation in the pattern of sexual mixing by age (parametrized by  $e_G$  and discussed in "Model parameterization" section above), and C) variation in the pattern of sexual mixing by sexual risk (parametrized by  $e_H$  and discussed in "Model parameterization" section above). Empirical data (illustrated by '\*') were provided from reference<sup>41</sup>.



**Figure S3** Sensitivity analysis of the impact of varying the duration of the short-term temporary (but full) immunity over a range of 0-100 days, on the estimated effect size of *Chlamydia trachomatis* long-lasting partial immunity against reinfection.



#### REFERENCES

- 1. Fenton KA, Korovessis C, Johnson AM, et al. Sexual behaviour in Britain: reported sexually transmitted infections and prevalent genital Chlamydia trachomatis infection. *Lancet* 2001;358(9296):1851-4. doi: 10.1016/S0140-6736(01)06886-6 [published Online First: 2001/12/14]
- 2. Althaus CL, Turner KM, Schmid BV, et al. Transmission of Chlamydia trachomatis through sexual partnerships: a comparison between three individual-based models and empirical data. *J R Soc Interface* 2012;9(66):136-46. doi: 10.1098/rsif.2011.0131
- 3. Abu-Raddad LJ, Longini IM, Jr. No HIV stage is dominant in driving the HIV epidemic in sub-Saharan Africa. *AIDS* 2008;22(9):1055-61. doi: 10.1097/QAD.0b013e3282f8af84
- 4. Kretzschmar M, Morris M. Measures of concurrency in networks and the spread of infectious disease. *Mathematical biosciences* 1996;133(2):165-95. [published Online First: 1996/04/15]
- 5. Morris M. Sexual networks and HIV. *AIDS* 1997;11 Suppl A:S209-16. [published Online First: 1997/01/01]
- 6. Watts CH, May RM. The influence of concurrent partnerships on the dynamics of HIV/AIDS. *Mathematical biosciences* 1992;108(1):89-104. [published Online First: 1992/02/01]
- 7. Liljeros F, Edling CR, Amaral LA, et al. The web of human sexual contacts. *Nature* 2001;411(6840):907-8. doi: 10.1038/35082140 [published Online First: 2001/06/22]
- 8. Hethcote H. Modeling heterogeneous mixing in infectious disease dynamics: Cambridge: Cambridge University Press 1996.
- 9. Barabási A-Ls. Linked: how everything is connected to everything else and what it means for business, science, and everyday life. New York: Plume 2003.
- 10. Barrat A, Barthelemy M, Pastor-Satorras R, et al. The architecture of complex weighted networks. *Proceedings of the National Academy of Sciences of the United States of America* 2004;101(11):3747-52. doi: 10.1073/pnas.0400087101 [published Online First: 2004/03/10]
- 11. Boccaletti S, Latora V, Moreno Y, et al. Complex networks: Structure and dynamics. *Physics Reports-Review Section of Physics Letters* 2006;424(4-5):175-308. doi: DOI 10.1016/j.physrep.2005.10.009
- 12. Watts DJ, Strogatz SH. Collective dynamics of 'small-world' networks. *Nature* 1998;393(6684):440-42. doi: Doi 10.1038/30918
- 13. Choi YH, Jit M, Gay N, et al. Transmission dynamic modelling of the impact of human papillomavirus vaccination in the United Kingdom. *Vaccine* 2010;28(24):4091-102. doi: 10.1016/j.vaccine.2009.09.125 [published Online First: 2009/11/17]
- 14. Adams EJ, Charlett A, Edmunds WJ, et al. Chlamydia trachomatis in the United Kingdom: a systematic review and analysis of prevalence studies. *Sexually transmitted infections* 2004;80(5):354-62. doi: 10.1136/sti.2003.005454 [published Online First: 2004/10/02]
- 15. Garnett GP, Anderson RM. Factors controlling the spread of HIV in heterosexual communities in developing countries: patterns of mixing between different age and sexual activity classes. *Philosophical transactions of the Royal Society of London Series B, Biological sciences* 1993;342(1300):137-59. doi: 10.1098/rstb.1993.0143 [published Online First: 1993/10/29]
- 16. Weinstein M, Wood JW, Stoto MA, et al. Components of Age-Specific Fecundability. *Population Studies: A Journal of Demography* 1990;44(3):447-67. doi: Doi 10.1080/0032472031000144846
- 17. Althaus CL, Heijne JC, Roellin A, et al. Transmission dynamics of Chlamydia trachomatis affect the impact of screening programmes. *Epidemics* 2010;2(3):123-31. doi: 10.1016/j.epidem.2010.04.002 [published Online First: 2011/03/01]
- 18. Althaus CL, Heijne JC, Herzog SA, et al. Individual and population level effects of partner notification for Chlamydia trachomatis. *PloS one* 2012;7(12):e51438. doi: 10.1371/journal.pone.0051438 [published Online First: 2012/12/20]

- 19. Heijne JC, Althaus CL, Herzog SA, et al. The role of reinfection and partner notification in the efficacy of Chlamydia screening programs. *The Journal of infectious diseases* 2011;203(3):372-7. doi: 10.1093/infdis/jiq050 [published Online First: 2010/12/28]
- 20. Heijne JC, Herzog SA, Althaus CL, et al. Insights into the timing of repeated testing after treatment for Chlamydia trachomatis: data and modelling study. *Sexually transmitted infections* 2013;89(1):57-62. doi: 10.1136/sextrans-2011-050468 [published Online First: 2012/06/12]
- 21. Kretzschmar M, Turner KM, Barton PM, et al. Predicting the population impact of chlamydia screening programmes: comparative mathematical modelling study. *Sexually transmitted infections* 2009;85(5):359-66. doi: 10.1136/sti.2009.036251 [published Online First: 2009/05/21]
- 22. Turner KM, Adams EJ, Gay N, et al. Developing a realistic sexual network model of chlamydia transmission in Britain. *Theoretical biology & medical modelling* 2006;3:3. doi: 10.1186/1742-4682-3-3 [published Online First: 2006/01/24]
- 23. United Nations Department of Economic and Social Affairs. World Population Prospects, the 2015 Revision., 2015.
- 24. Awad SF, Sgaier SK, Tambatamba BC, et al. Investigating Voluntary Medical Male Circumcision Program Efficiency Gains through Subpopulation Prioritization: Insights from Application to Zambia. *PLoS One* 2015;10(12):e0145729. doi: 10.1371/journal.pone.0145729
- 25. Wawer MJ, Gray RH, Sewankambo NK, et al. Rates of HIV-1 transmission per coital act, by stage of HIV-1 infection, in Rakai, Uganda. *J Infect Dis* 2005;191(9):1403-9. doi: 10.1086/429411 [published Online First: 2005/04/06]
- 26. Centers for Disease Control and Prevention. CDC Grand Rounds: Chlamydia prevention: challenges and strategies for reducing disease burden and sequelae. *MMWR Morbidity and mortality weekly report* 2011;60(12):370-3.